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THE JOURNAL OF PHILOSOPHY

PSYCHOLOGY AND SCIENTIFIC METHODS

PSYCHOLOGICAL OPPORTUNITY IN PSYCHIATRY

THE subject of the relation of psychology to psychiatry is now claiming the attention of many alienists who appreciate, speaking clinically, that the chief disturbances in the insane are mental. Physicians are anxious to learn what psychology can teach regarding normal mental processes and to acquire the methods which psychologists have found useful in the investigation of these mental conditions. This drift toward psychology is due not to any philosophical leanings, but largely to the practical need of more accurate knowledge of patients for diagnostic and prognostic purposes.

This practical need is felt very strongly in some quarters because it is realized that psychiatry is at present in a stage of development comparable to that of general medicine twenty or thirty years ago. There is no agreement among psychiatrists regarding either the nomenclature or the mode of determining diseased conditions. Cerebral alterations, causes, symptoms and outcomes, these singly or in groups, have been suggested as methods of deducing the types of mental diseases. This has led to innumerable classifications, sometimes differing very slightly, which have lacked stability because they have been solely for purposes of grouping. Until within recent years the understanding of the psychical changes in any particular case or series of cases was deemed to be of little importance in comparison with the classification. The asylum idea was predominant. When, however, the hospital point of view began to be the more prominent, exclusive concern for a scheme of classification lagged, and there was a rise of interest in more knowledge about and in the significance of the changed mental conditions.

Because of his concern for the welfare and cure of his patients the psychiatrist must use all possible means for the detection of the functional changes, including the progress of the disease, and of any anatomical variations. The usual clinical methods, although they have given and will probably continue to give sound and valuable results, are not sufficient. They must be supplemented by special studies in all lines along which there is any prospect of valuable

returns. Anatomy, chemistry, physiology, psychology, must and will be levied upon to furnish their quota to the solution of the various problems that confront the alienist. The anatomical pathologist, the chemical pathologist, the physiologist and the psychopathologist are needed for the collection of material which the psychiatrist may use and correlate with his own less specialized findings. Not the least important of these detailed studies is that of the psychologist—of whose assistance the psychiatrist stands in especial need to-day—of the primary and secondary symptoms, of the course and of the factors influencing for better or worse the many diseases of the mind.

The problems of the physician in regard to the insane differ from those of the psychologist, as has been suggested above. The distinction has often been made that the psychologist is interested in the description, interrelation and genesis of mental states, while the psychiatrist is interested primarily in diseases, their causes, descriptions and cure. The psychiatrist is not so much concerned with the careful dissection of mental conditions as he is with the surface examination to determine disease forms. For him, the question is not 'what has given rise to any particular psychological symptom,' but, rather, 'what is the cause of the insanity.' Furthermore, his interest must largely be in therapeutic problems: 'what will make the insanity give way to a condition of sanity?' and 'what will influence adversely or for health the individual who is mentally diseased?' In the attempts to solve the medical problems psychology will be called upon for assistance, the methods of the psychological laboratory will be used and the psychologist will have an opportunity to cooperate with other investigators.

To psychologists this means opportunities for investigation in a field which has hitherto been closed to them. In the case of the psychological theorists who insist that only normal adult human beings can give us data for the proper understanding of consciousness, the subject of psychopathology in relation to normal psychology will not appear to be of much importance. To the majority of psychologists who are willing to investigate 'mind' wherever and whenever it can be found, and who are desirous to gather mental facts and to explain them, the study of the abnormal classes, particularly of the insane, will give some new points of view and will help toward the solution of some old problems. I venture to assert that the study of the mentally abnormal will be of as great value to normal psychology as the study of the effects of extirpation and hyperactivity of various parts of the body has been to physiology.

For the proper understanding of what may be obtained from a study of the insane one must give up any preformed notions regard-

ing the class. More particularly is it necessary to rid one's self of the popular idea that the hospitals are filled with psychical prototypes of physical prodigies. It is just as difficult to find a mental condition comparable to a sea serpent or a mermaid, a phoenix or a hydra, as it is to catch such monsters. The grotesque and spectacular are such only from an uncritical point of view. It is also important to abandon any tendency to think of and to use the terms 'confusion' and 'delusion' as the equivalents of 'insanity.' Not all insane are deluded or confused, and not all cases of delusion and confusion are insane. Moreover, the insane who are confused or who have delusions are not the least interesting and instructive to the mental specialist.

The field for study will be the better understood if we appreciate that the insanities are diseases which are characterized, largely if not solely, by exaggerations and diminutions of normal mental functions. With this understanding, the value of careful studies of the insane to the investigating psychologist becomes plain. There is to be no dealing with a new species, related but slightly to ourselves, but the study of humans who have many normal ideas, feelings and acts of will, but who react to certain ideas or feelings more weakly or more strongly than we. From the standpoint of psychology, the problems are the same whether we deal with the insane or with normal people.

The formulation and selection of problems are prerogatives of the individual investigator. Inclination, previous interests and the character of the material will shape the course of one's research, but it may the better help to direct attention to the work if I consider briefly some special topics. The matters of which I speak will indicate the diversity of questions which are to be answered; many have almost intruded upon me during the examination of individual patients.

A problem of both psychiatric and psychological importance is that of the correlation of mental conditions in any disease. In any typical bodily disease there are found certain symptoms which are intimately related. Thus, in typhoid fever we find in addition to the characteristic rises and falls of temperature a peculiar reaction of the blood, certain bacteria in the intestines and usually abdominal tenderness and rose spots. These symptoms or factors make up the picture 'typhoid fever' and they are or may be correlated with each other. In the same manner in any mental disease there are many changes. A simple depression, for example, is made up of depression, a difficulty in thinking, a slowness of movement, plus x (the undetermined abnormal). These abnormalities, or some of them, appear in every case. Those which appear in every case will de-

termine the disease type and these changed mental conditions have probably a higher degree of correlation between each other than does any one of them with a process which remains normal. Here the psychologists have an opportunity of determining for psychiatry the symptoms which are essential, those which when grouped together make the disease type, and of discovering for psychology a possible correlation between gross mental states. It is needless to say that the solution of such a problem is the work of many men for many years.

Of philosophical and psychological interest, yet not without its practical side, is the subject of the feeling of reality. Disturbance of this feeling, which has been conveniently but erroneously called the 'feeling of unreality,' is found associated with many mental diseases. Patients say they see, feel and hear things, but that the objects do not appear real, parts or all of the body lose the feeling of reality, and that their thoughts are not real. *Cogito ergo sum* is not always true, and the doubt arises that existence is included in thinking or in perceiving. To what is this deficient feeling of the sense of reality due? Some psychologists have argued that the '*esse*' is immediately given in '*percipere*,' but the numerous instances in the insane and in normal people in which sensed objects are deemed 'not real' make this doubtful. The disturbance of the feeling has been explained as the result of (a) the loss of apperception ability or (b) of changes in general organic sensation, particularly in those associated with movement. Neither of the explanations, it seems to me, is founded on a sufficient basis of careful observations, and the problem awaits further experiment and analysis. The peculiar conditions of micropsia and macropsia—apparent decrease or increase in size of objects—are phenomena probably of the same character as the deficient sense of reality.

In the realm of sensation the psychologist has spent most time, but the organic sensations have remained unattacked, or attacked ineffectually. The importance of investigating the organic sensations needs no emphasis. It is sufficient to point out that among the insane there are many who have alterations of organic sensibility, and these would undoubtedly repay a most careful study. There are some who have lost the ability to appreciate fatigue, and some who are abnormally tired. Others report a loss of hunger sense, more have sensations from the internal organs which give rise to delusional interpretations—pregnancy, the presence of animals in the abdominal cavity, etc. Careful examinations and experiments on individuals in whom it is evident there are losses and exaggerations of the organic sensibility appear to me to be the most hopeful line for progress in this unknown region.

For the psychology of perception, studies of hallucinations in the insane are of great value. Because of the popular as well as scientific interest much attention has been given this subject, but the investigations have done scarcely more than skim over the surface. The origin and development of these false perceptions remain undetermined, and the influences of the emotions or states of feeling in the production of the hallucinations are unknown.

The fluctuations of the attention which are found in Korsakow's syndrome are so marked that they can be noted by rough clinical tests. These fluctuations are larger and wider, come at longer intervals of time, and are probably added to the smaller fluctuations which have been noted with normal people. In the downward dip, so to speak, of these oscillations the patient seems not to see, hear or feel, and does nothing. The mental processes cease for about half a minute and after the lapse go on. Such cases will lend themselves well to experimental inquiries into the duration of the attentive and non-attentive states and to the determination of the factors which distract and those which hold the attention. In the excited condition of depressed-maniacal insanity, the attention appears to be rapidly shifting but easily attracted to passing events. There is, to use a clinical term, great 'distractibility.' In the depressed stage the attention is less variable, and is probably fixed on the depressive ideas which dominate the clinical picture. The catatonias or rigidities, found in cases of dementia præcox, are most likely due to the narrowing of the field of attention, with a possible intensification of the attentive state. These wide variations in attention are to be found in every hospital for the insane, and the formulation of definite problems will be simple to one who is especially interested in this field.

In the study of the diseases of memory much effort has been made to record and to attempt to explain the spectacular amnesias—the paramnesias, the anterograde and retrograde amnesias—but the many instructive cases with simple memory defect are not less, but rather more, worthy of study. There are those in whom there is a rapid fading of impressions and in whom it is necessary to repeat impressions often in order to have the images retained. I have seen and examined individuals in whom the faculty of retention and recognition remained unaltered, but in whom the ability of reproduction was at a minimum. Sentences could not be given after very short intervals of time, either verbally or in sense, but if, with the correct idea, one or more facts were given from which to choose, the correct choice was made. In these patients there is a dissociation between the reproductive and the retentive elements of memories. The extreme dissociations of verbal and visual memories are to be found

in the aphasias, but these are not often classed with the insanities. It is a suggestive fact that practically all of the memory defects are found in those mental diseases which are associated with cerebral cortical alterations.

The abnormally prolonged affective states of depression and exaltation which are accompanied, respectively, by a slowness, sometimes a lack, of movement and by increased motor diffusion, if carefully studied, will give us information about the emotional side of consciousness. Their constancy for weeks or months and their frequency in all classes of the insane offer points of advantage for investigation over the affective states of short duration which are artificially produced in psychological laboratories. Every idea is colored by the predominant feeling tone. In depressions, for example, only ideas of sadness arise; melancholy thoughts and gloomy forebodings accompany or comprise all mental activity. The associations are only of despair. The possibility of diverting the mental current into joyful or even into normal channels is doubtful. In the pathological conditions of exhilaration the reverse is true. Cheerfulness, elation and playfulness are the characteristics of the maniacal state. Either of these states may pass off and the other appear; sometimes the oscillations are regular and frequent (circular form of depressed-maniacal insanity). The changes from melancholia to mania or from mania to melancholia may be examples of the 'law of contrast in the sphere of feeling.' In the depressed state is the inactivity or retardation a concomitant, a cause, or the effect of the feeling? Is it possible to modify the affective tone by increasing the bodily activity of a patient? On the other hand, may reductions in the activities bring the exhilarated patients nearer a normal condition? The answers to these questions have both practical and theoretical bearings. Elsewhere I have shown that exercise helps to reduce the retardation in conditions of depression and probably makes the state of depression less marked, but much more work is needed in this field. Other important problems of affection are to be formulated from careful studies of cases of dementia præcox. In this form of insanity there is an apathetic condition which—this has not been determined—may be primarily emotional or intellectual. The prominent facts are that stimuli produce no apparent emotional response, and that the patients report an indifferent attitude toward everything. Psychologically this condition is either one of lessened emotional irritability or one in which the emotional response fails because of the paucity of associations.

The suggestions for work in the varied fields of sensation, perception, attention, memory and emotion will serve to indicate the diversity of problems which will suggest themselves to the psycholog-

ical student of the insanities. The matter of the ease or the difficulty of dealing with the material remains to be considered. The question has been often asked me whether or not the insane are more difficult to work with than normal people. I believe both to be equally easy or equally difficult subjects. Many insane do not introspect well, but few normal people do so. Some insane are more introspective than the average normal individual—and from some no introspections can be obtained. It is not necessary to work with the patients who introspect badly or not at all; there is a possibility of a selection of subjects just as there is in normal psychological work. In general I think there is no inherent difficulty in investigating the mental conditions of the insane. There are, on the contrary, advantages in the medical investigations in that the mental life is laid as bare as the patient and his relatives and constant observations can make it.

The only limitations to the problems are the individual investigator and the material at his command. Two mental conditions are indispensable in a psychopathologist—a knowledge of normal psychology and ingenuity in formulating and in devising methods of attacking problems. These are not peculiar properties of the psychopathologist—they are of prime importance to all psychologists. The special equipment which is needed in dealing with the insane is the acquirement of the medical mental attitude—one must deal with cases, not with individuals.

I have attempted to indicate in this paper that for psychology the study of the insane is complementary to the study of normal people, and that there appears to be a possibility of solving some problems which have not been solved by the study of normal minds. The pioneers in the work will be called upon to justify their positions and work, and this will be done best by applying their psychological methods to the more immediate practical problems. Then we may expect no longer to read: "The pure psychologist has rendered little aid to the physician, nay, has rather tended to darken counsel and lead him into the wrong track, from which he has taken a long period to extricate himself."

SHEPHERD IVORY FRANZ.

MCLEAN HOSPITAL, WAVERLEY, MASS.

THE GIVEN SITUATION IN ATTENTION

THE different theories of attention, sometimes seemingly conflicting, oftentimes are not in actual fact opposed, but merely appear to be so, due to the emphasis placed on different aspects of the situation concerned. Instead, therefore, of engaging in a logical disputation or a spinning out of concepts, it seems much wiser to go as far back as we can to the given situation, and see exactly what is